

## PART B - FEE(S) TRANSMITTAL

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30608 7590 03/23/2004

**SAMUEL SHIBER**  
**365 KEARNEY CR**  
**MANCHESTER, NH 03104**



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>SAMUEL SHIBER</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>APRIL 9, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/867,307	05/29/2001	Samuel Shiber	TH5	6139

TITLE OF INVENTION: VESSEL CLEANER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>NO</del> YES	\$1250 665	\$300	\$1630 965	06/23/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ODLAND, KATHRYN P	3743	606-159000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **SAMUEL SHIBER**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ The Director is hereby authorized by charge the 19-2040 fee(s), or credit any overpayment, to Deposit Account Number ADDITIONAL (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

*Sam Shiber* 3/29/2004

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04/16/2004 GWORDF2 00000009 192040 09867307

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer Number: 30608

Patent Application Number:	09/867,307	
Inventor and Applicant:	Samuel Shiber	Ex: Kathryn Odland
Filing Date:	05-29-2001	Art Unit: 3743
My Docket Number:	Th5	
Title Of Invention:	Vessel cleaner	

April 8, 2004

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**ISSUE FEE TRANSFER LETTER AND REMARKS**

I enclose herewith a declaration confirming my continuing status of an independent inventor and I enclose my check #2293 for \$965 to cover the Small Entity Issue Fee and the Publication Fee (I have corrected the numbers on the form accordingly).

Please charge any additional fees (such as for copies of patents) to my deposit account 19-2040.

Respectfully,

Samuel Shiber, 365 Kearney Cr., Manchester, NH 03104  
Ph (603) 644 1773 E-mail: [Shiber@Comcast.net](mailto:Shiber@Comcast.net)